

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-21637
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-155
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	87
9. Pool Name or Wildcat	VACUUM GLORIETA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4002' KB

SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter J : 2090 Feet From The SOUTH Line and 2086 Feet From The EAST Line
Section 36 Township 17S Range 34E NMPM LEA COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>ADDED PAY & ACIDIZED FORMATION</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3/15/94 - 3/19/94

- MIRU. TIH w/ rods. Installed BOP. TOH w/ tubing.
- Ran GR-Correlation log. Perfd w/ 2 SPF fr 5950' - 6022' (73 ft - 146 holes)
- Set pkr @ 5732'. Acidized perfs from 5930' - 6160' w/ 8100 gals 20% NEFE HCl, Max P = 1044#, AIR = 3.9 BPM. Swabbed back.
- TIH w/ rods & pump & returned well to production.

OPT pumping on rod pump: 0 BOPD, 70 BWPD, & 9 MCFD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 5/12/94

TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE MAY 13 1994
CONDITIONS OF APPROVAL, IF ANY _____

RECEIVED

NOV 19 1954

U.S. DEPARTMENT OF
COMMERCE
OFFICE